

# Evaluating High Throughput Toxicokinetics and Toxicodynamics for IVIVE

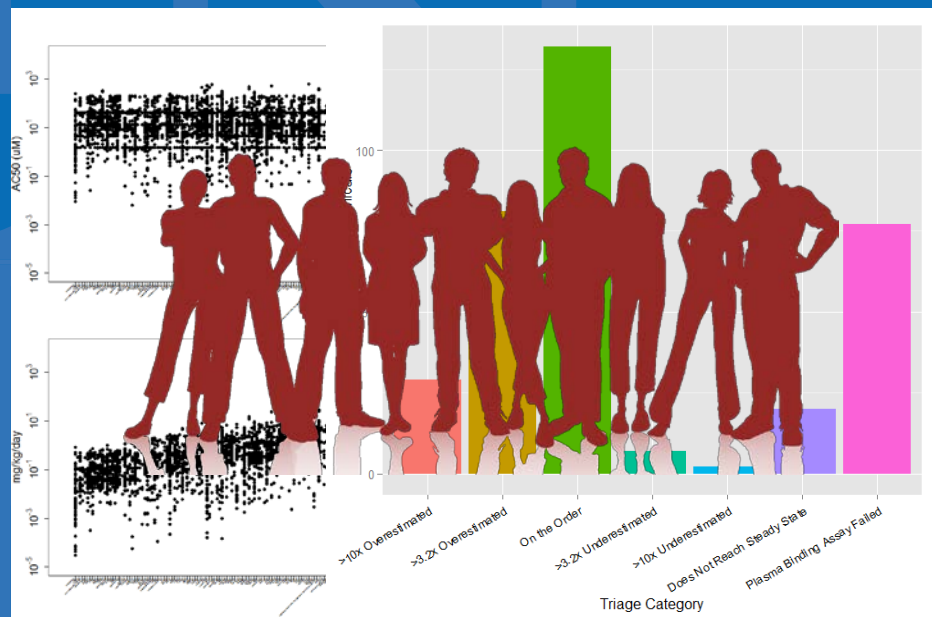
**John Wambaugh**, Robert Pearce, Greg Honda, Mike Hughes, Caroline Ring, Ly Pham,  
Barbara Wetmore, Nisha Sipes, R. Woodrow Setzer

*Office of Research and Development  
U.S. Environmental Protection Agency  
wambaugh.john@epa.gov*

## **IVIVE Approaches**

*10th World Congress on Alternatives and Animal  
Use in the Life Sciences  
Seattle, WA*

*August 23, 2017*

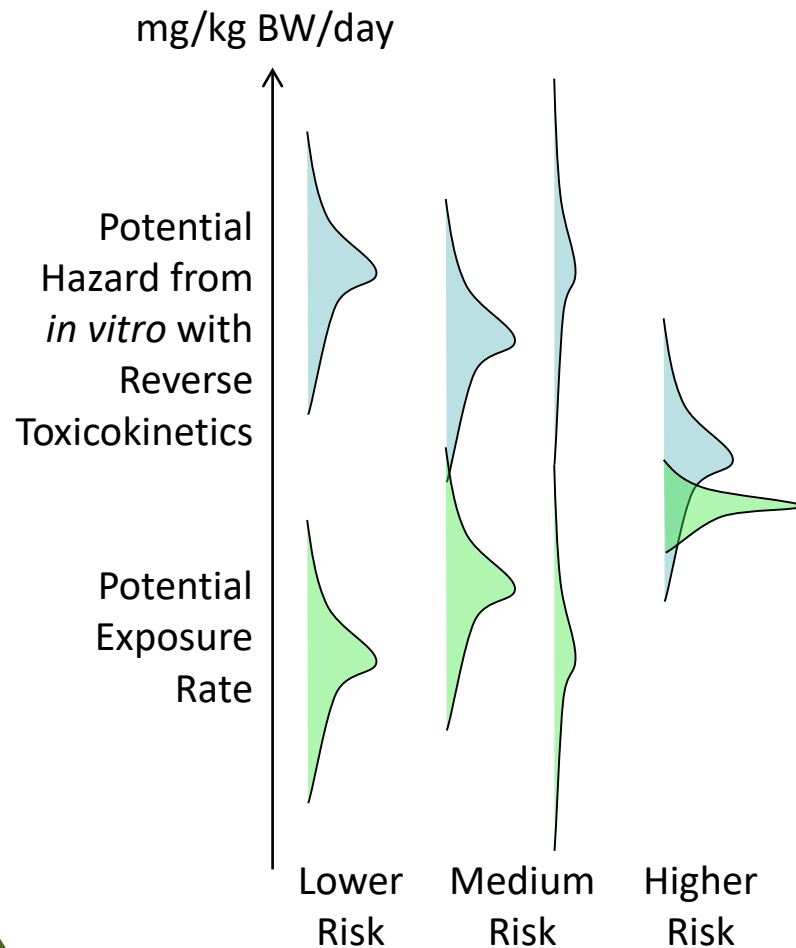
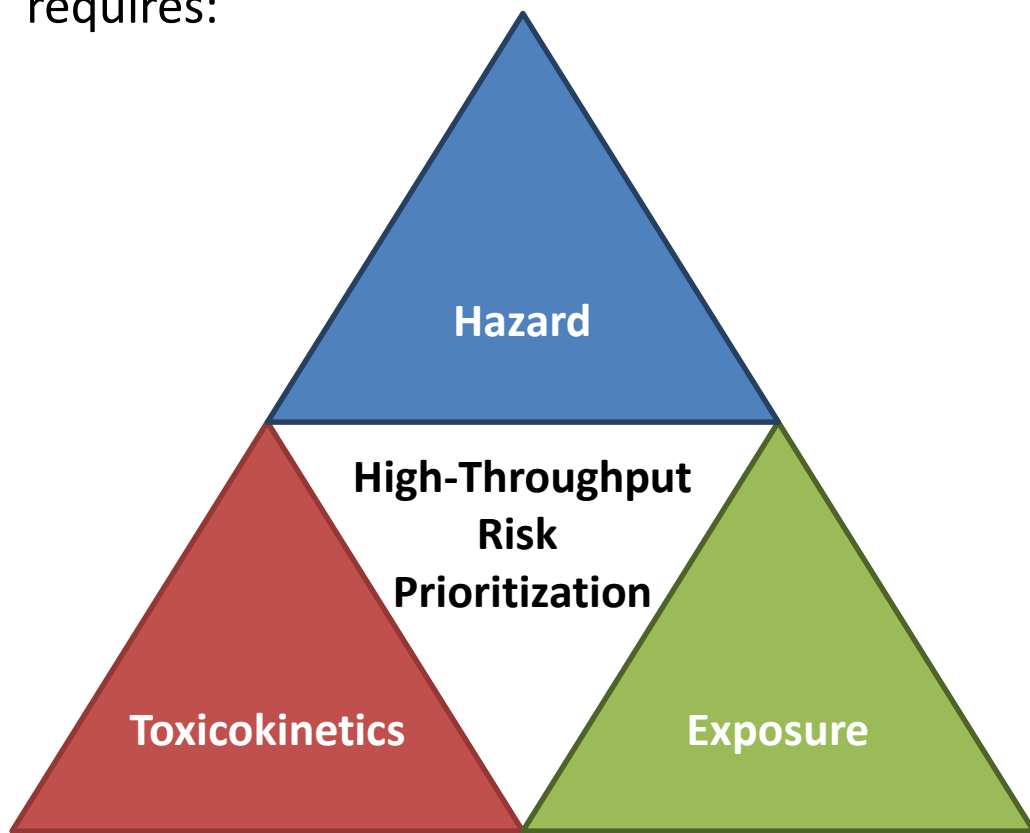


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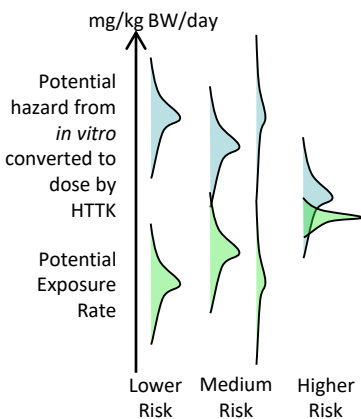
# Introduction

- High throughput risk prioritization based upon *in vitro-in vivo* extrapolation (IVIVE) requires:



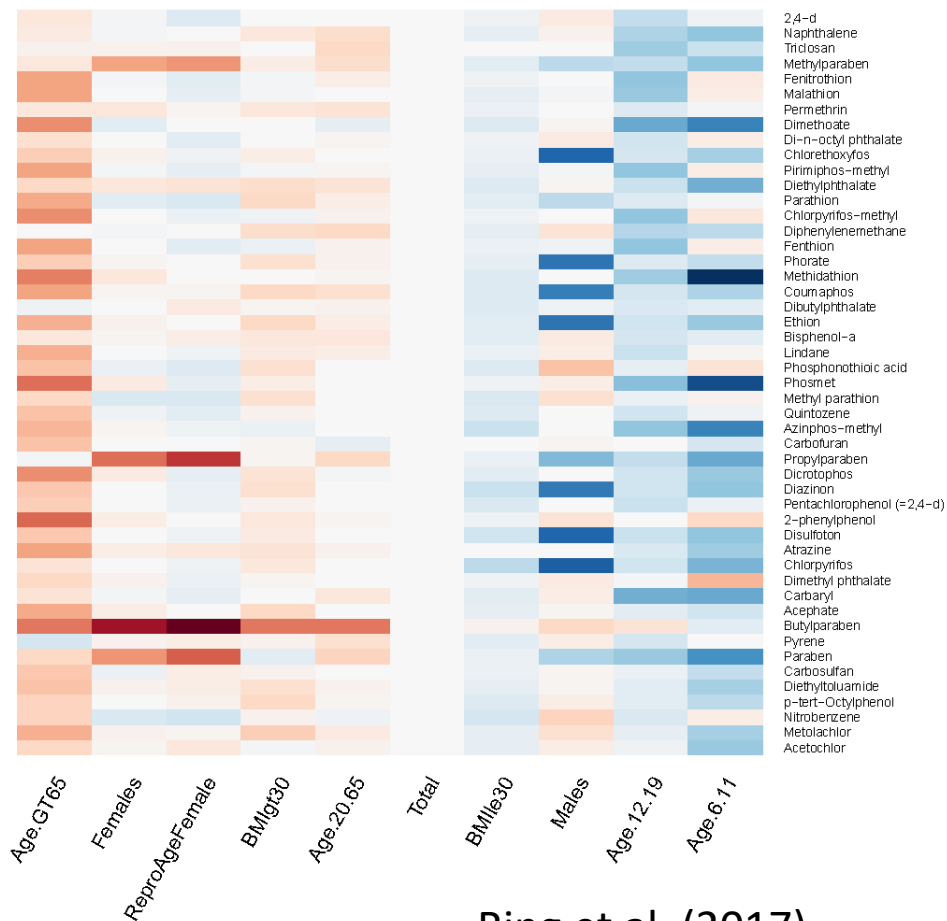
# Toxicokinetic IVIVE: Convert HTS $\mu\text{M}$ to $\text{mg/kg/day}$

- Can use HTKK to calculate margin between bioactivity and exposure for specific populations
- Using National Health and Nutrition Examination Survey (NHANES) to simulate TK variability and characterize exposure for modern populations



Change in Risk

## Change in Activity : Exposure Ratio



Ring et al. (2017)

# *In vivo* Predictive Ability and Domain of Applicability

- In drug development, HTTK methods estimate therapeutic doses for clinical studies – predicted concentrations are typically on the order of values measured in clinical trials (Wang, 2010)
- For environmental compounds, there will be no clinical trials
- Uncertainty must be well characterized ideally with rigorous statistical methodology
  - We will use direct comparison to *in vivo* data in order to get an empirical estimate of our uncertainty
  - Any approximations, omissions, or mistakes should work to increase the estimated uncertainty when evaluated systematically across chemicals

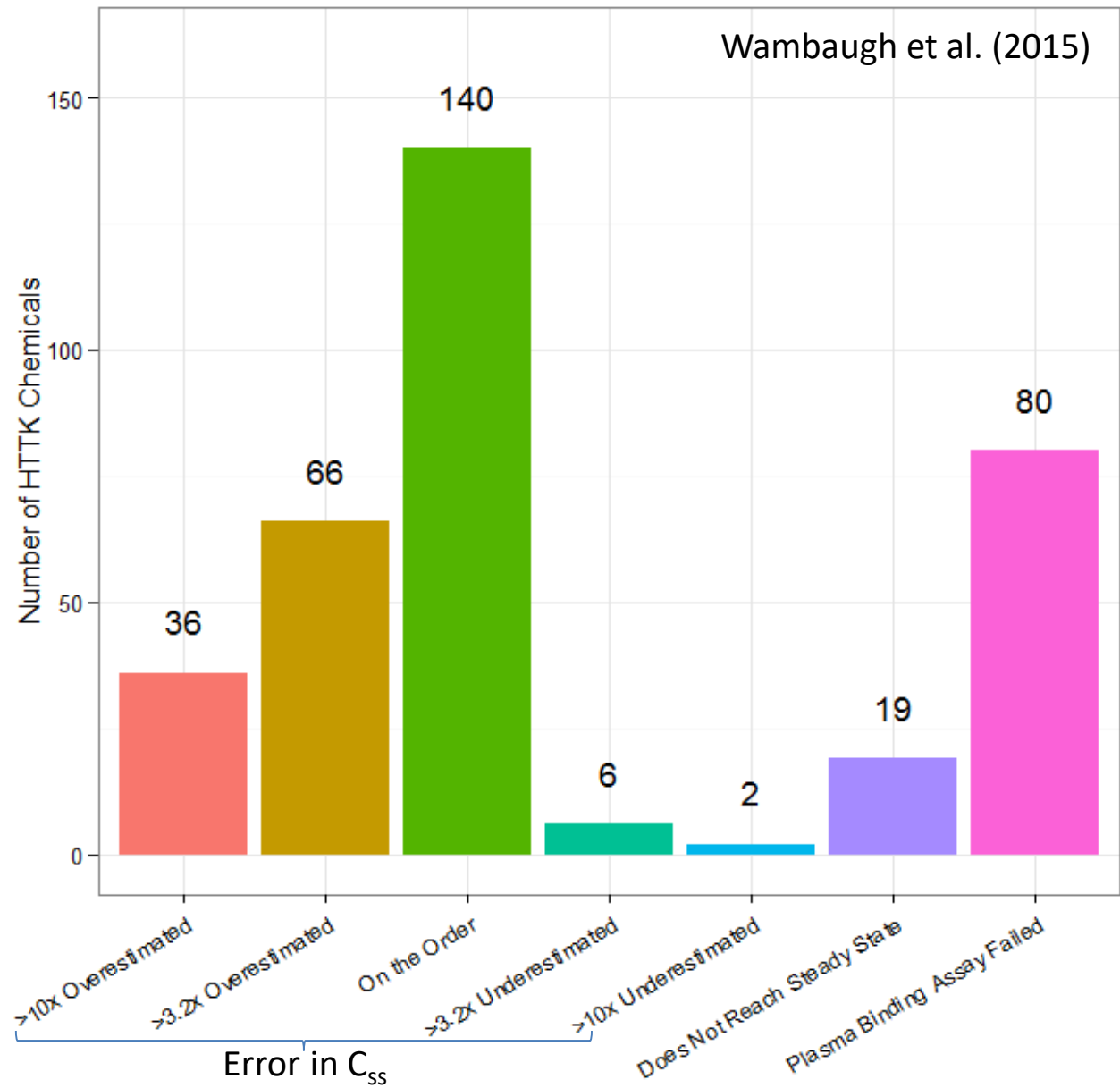
<https://CRAN.R-project.org/package=httk>

Can access this from the R GUI:  
“Packages” then “Install Packages”

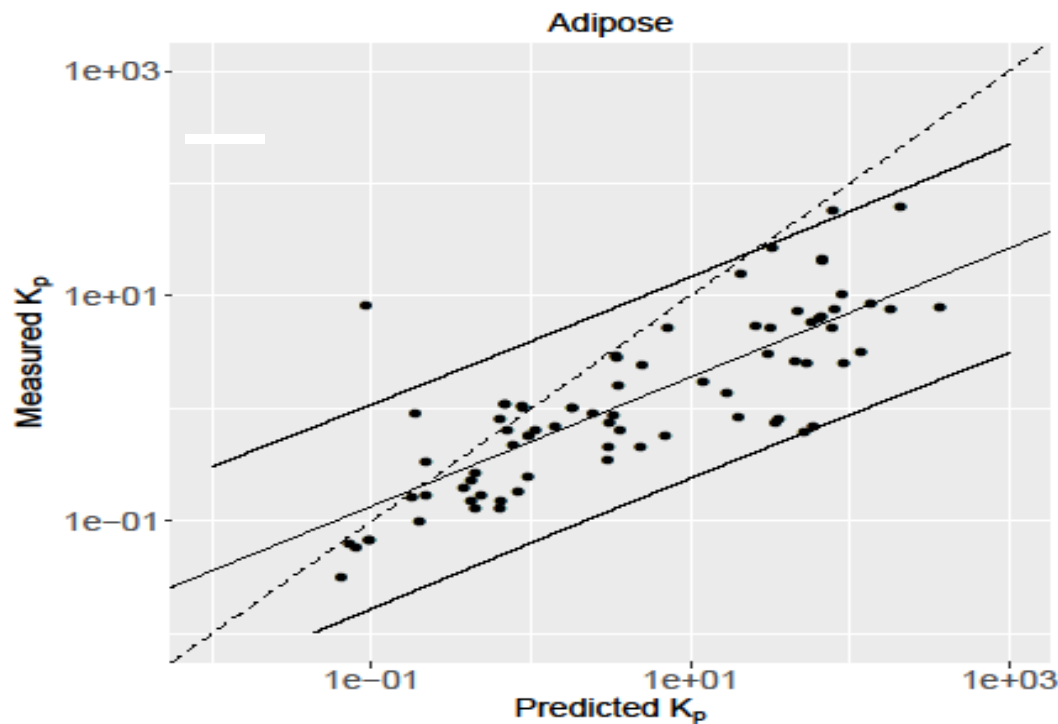
- “httk” R Package for *in vitro-in vivo* extrapolation and PBTK
- 553 chemicals to date
- 100’s of additional chemicals being studied
- Pearce *et al.* (2017) provides documentation and examples
- Built-in vignettes provide further examples of how to use many functions

# Toxicokinetic Triage: Predicting TK IVIVE Errors

- Through comparison to *in vivo* data, a cross-validated (random forest) predictor of success or failure of HTK has been constructed
- Add categories for chemicals that do not reach steady-state or for which plasma binding assay fails
- All chemicals can be placed into one of seven confidence categories

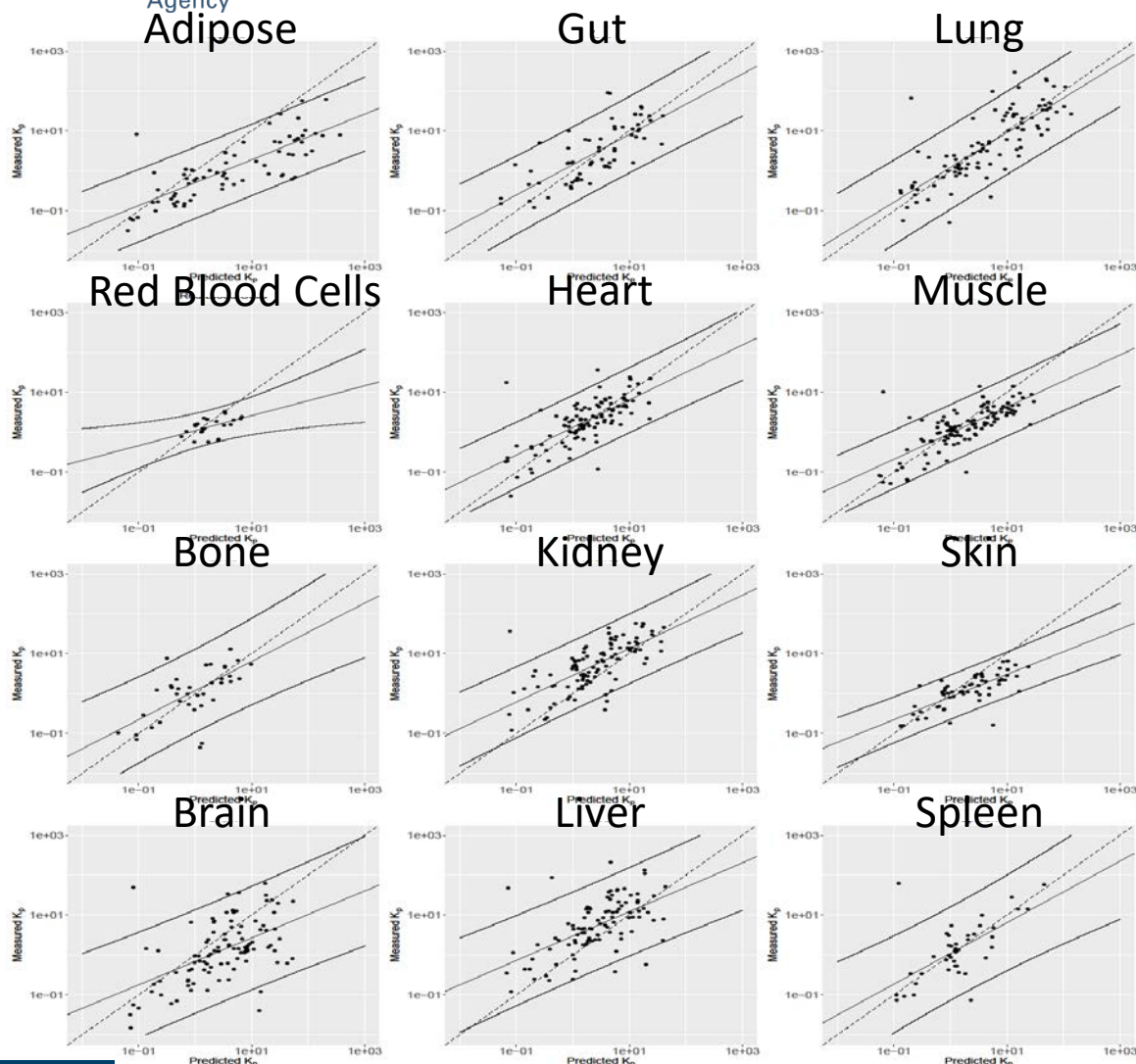


# Analyzing Legacy *In Vivo* Data



- Analyzed literature measurements of chemical-specific partition coefficients (PC) in rat
  - 945 tissue-specific PC
  - 137 unique chemicals
- Calibrating *in silico* predictors (Schmitt, 2008) to actual performance
  - Tissue-specific estimates of predictor bias and uncertainty
- Partition coefficient calibrations were evaluated with human measured volumes of distribution for 498 chemicals from Obach (2008)
  - Calibration to *in vivo* rat data improved predicted volume of distribution by a factor 3 for 116 chemicals

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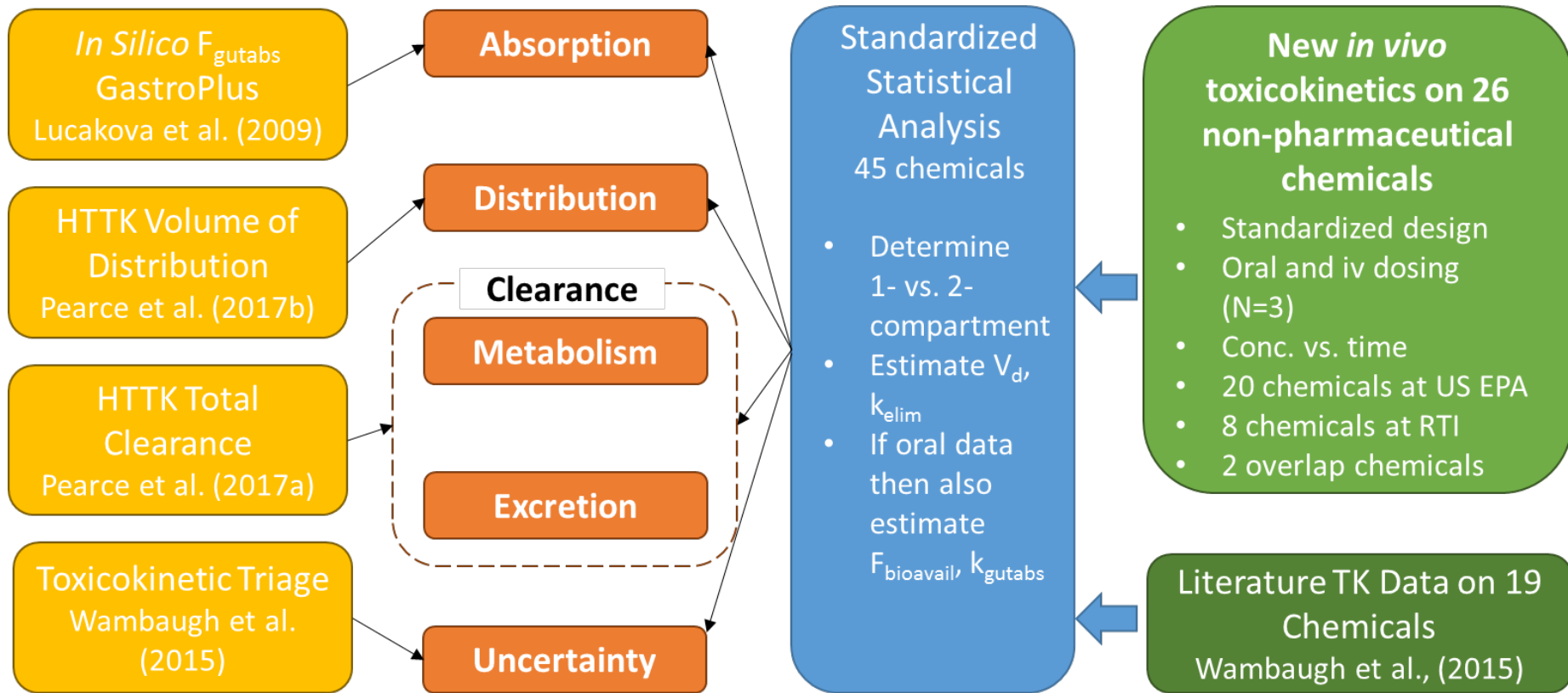
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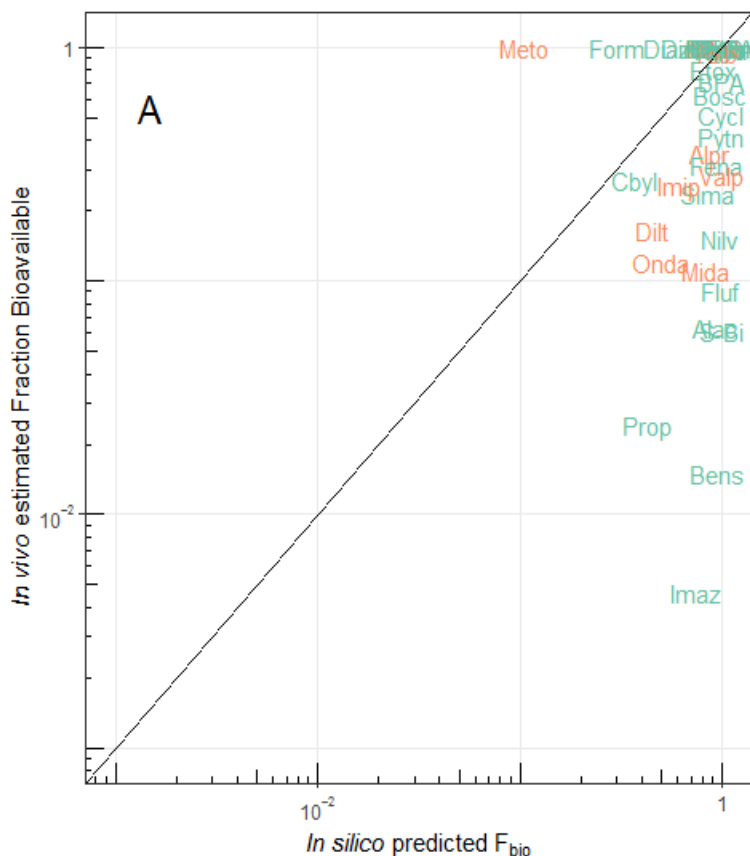
# Evaluating HTTK Predictions

26 chemicals more commonly associated with non-therapeutic and/or unintentional exposure

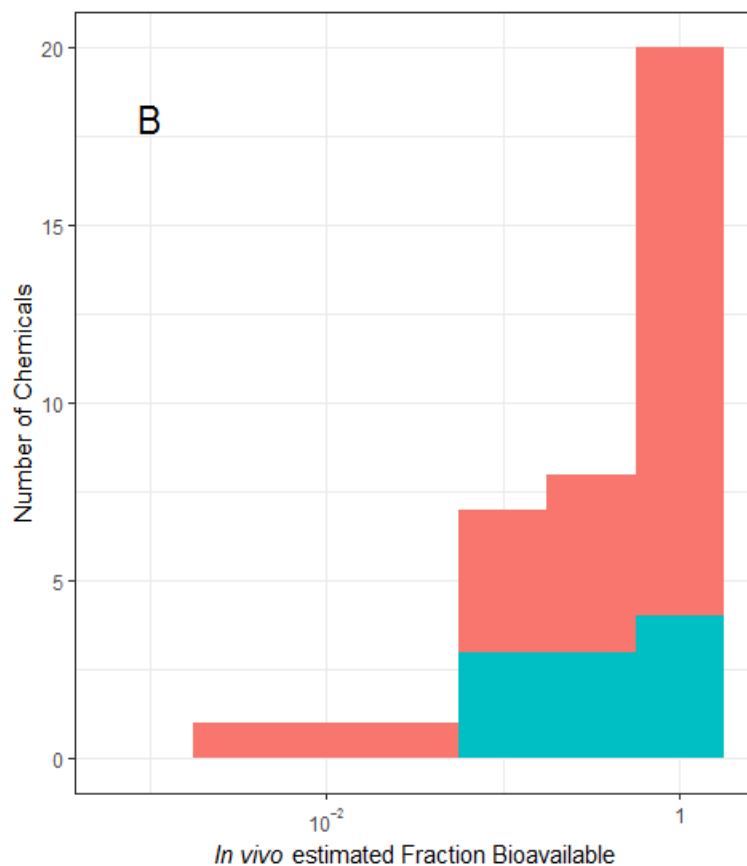
## Toxicokinetics



# Analyzing New *In Vivo* Data: Oral Absorption

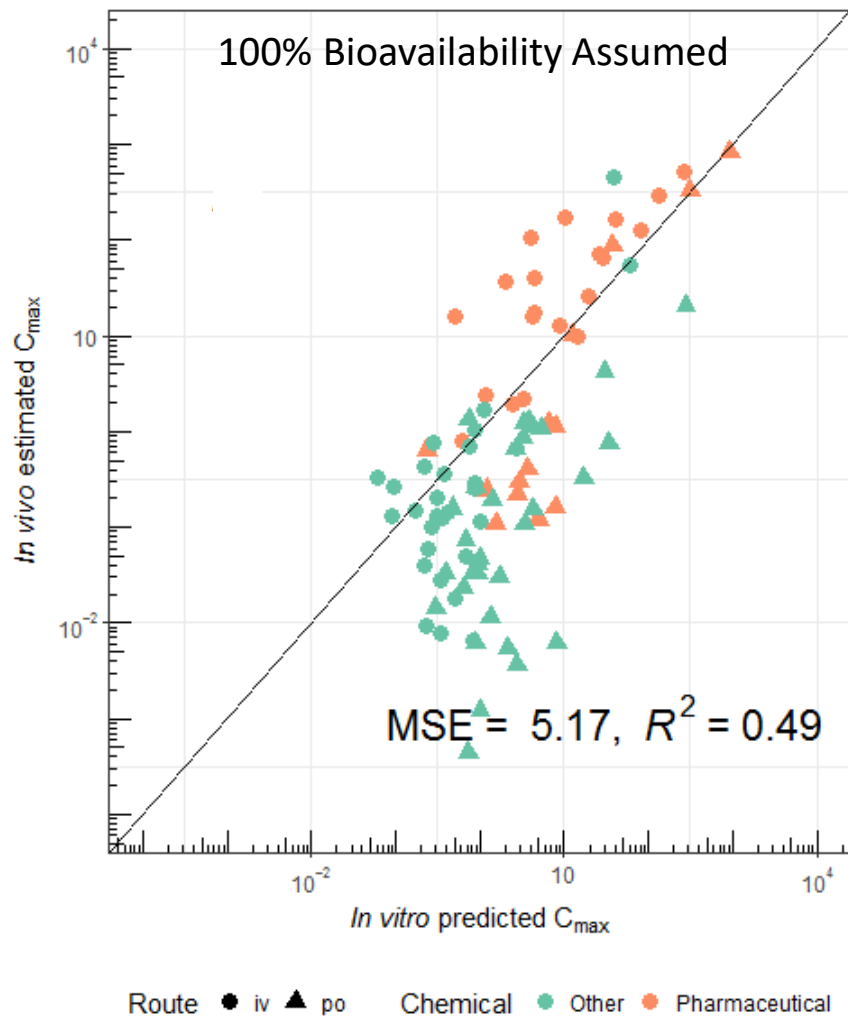


Chemical a Other a Pharmaceutical

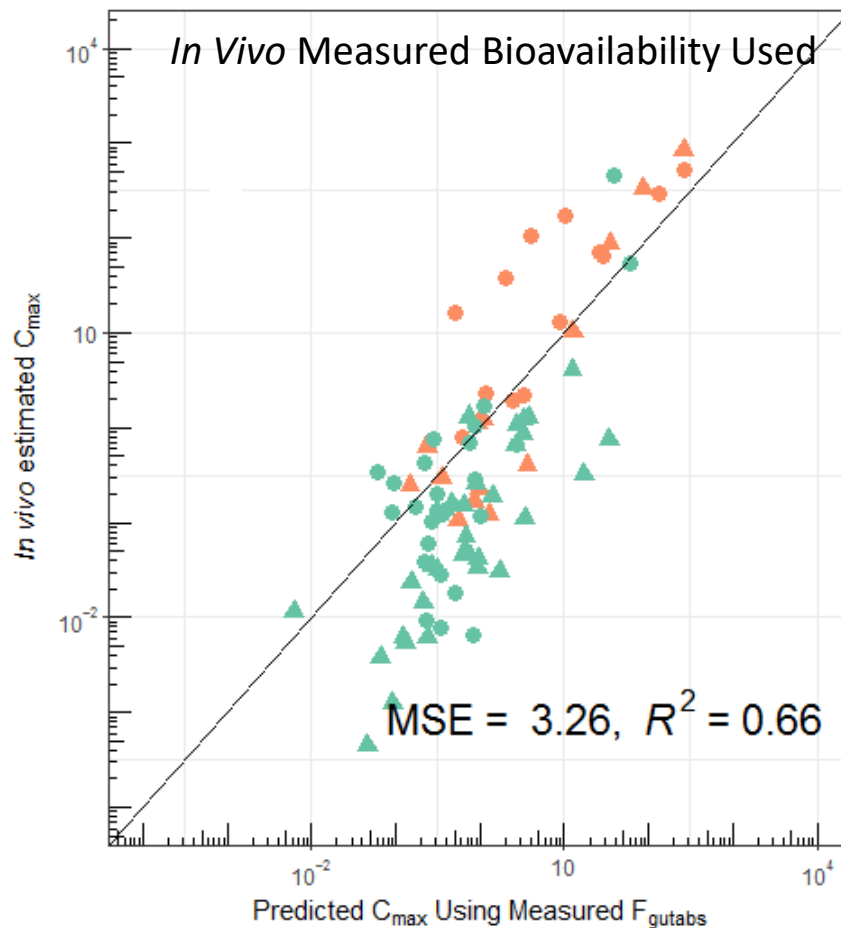
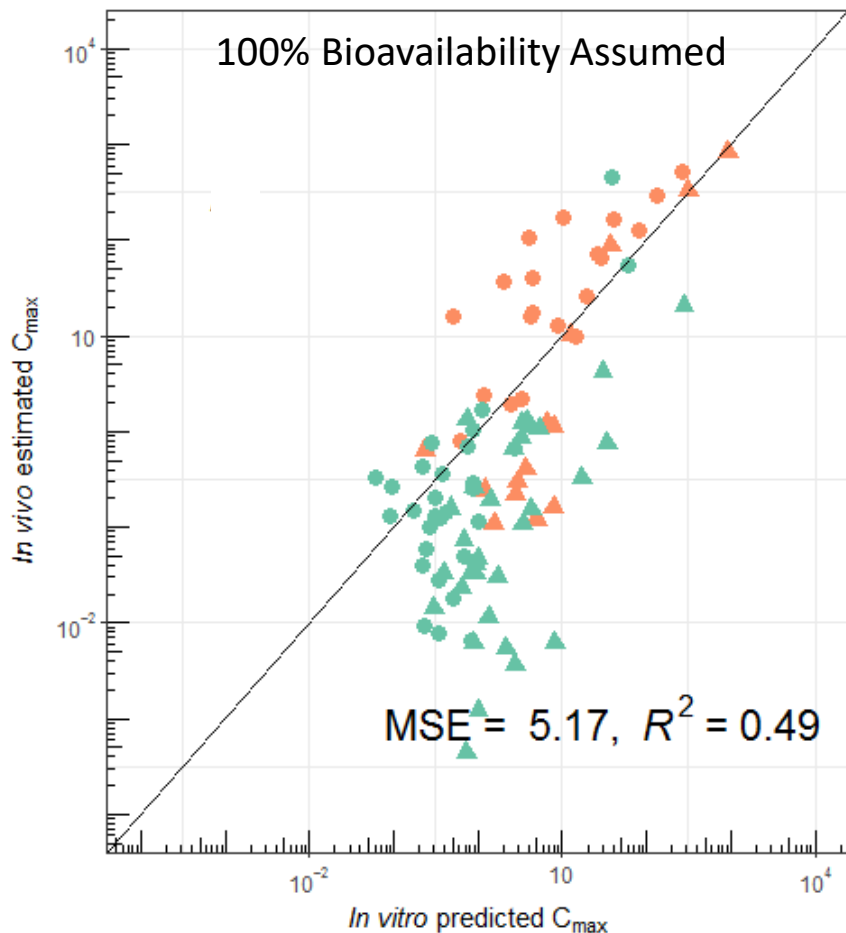


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# Analyzing New *In Vivo* Data

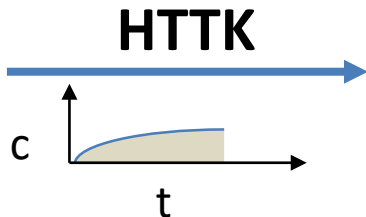


# Analyzing New *In Vivo* Data



# Can IVIVE + HTS Predict *In Vivo*?

ToxRefDB *in vivo* LEL  
dose (mg/kg/day)

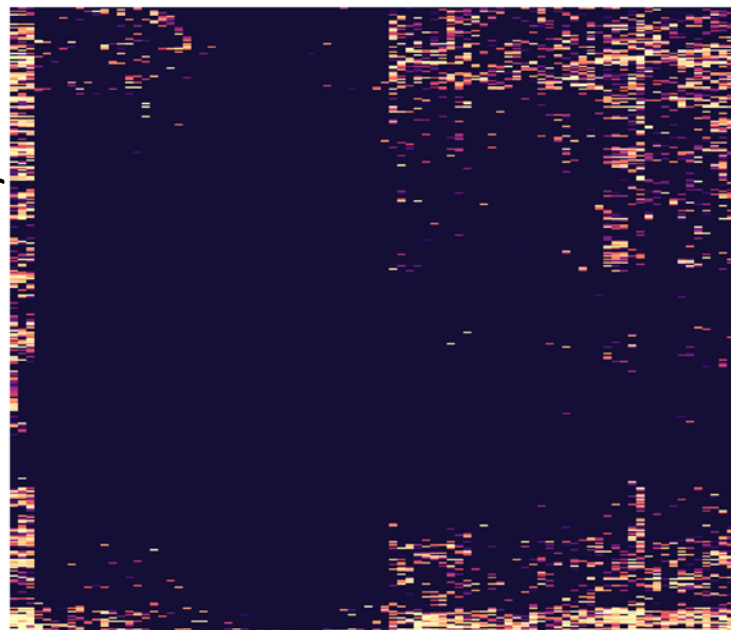


HTTK transformed  
concentration ( $\mu\text{M}$ )

vs. ToxCast  
AC50 ( $\mu\text{M}$ )

Plasma concentration determined by **HT-PBTK** shows **greater correlation** with **ToxCast AC50** than dose alone or y-randomization result

**HTTK *p*-Values**



ToxCast Assays

ToxRef In-Vivo Endpoints

HTTK

Y-Randomized

# Exposure-Based Screening and Priority Setting

- R package “httk” freely available on CRAN allows statistical analyses of HTTK\*
  1. We have **R**eused existing toxicokinetic (TK) data by compiling a library of TK time course data
    - Need non-pharma data: TK database being developed by Chris Grulke, Risa Sayre, Cecilia Tan
  2. Guided by IVIVE needs, we have **R**efined the design of *in vivo* TK studies,
  3. We use a **R**educed (n=6) study design including 3 intravenous and 3 orally dosed animals and tail blood sampling
  4. In some cases, we may be able to **R**eplace *in vivo* animal studies with HTS and HTTK
- HTTK methods appear to work for quantities like area under the curve (AUC), max plasma concentration ( $C_{\max}$ ) and steady-state serum concentration ( $C_{ss}$ )
- Bioavailability is a confounder – non-pharmaceuticals not well predicted by current tools
- **We can predict the doses at which some *in vivo* effects occur using *in vitro* data**



## Chemical Safety for Sustainability (CSS) Rapid Exposure and Dosimetry (RED) Project Co-Leads Kristin Isaacs and John Wambaugh

### NCCT

Chris Grulke  
Greg Honda\*  
Richard Judson  
Andrew McEachran\*  
Robert Pearce\*  
Ann Richard  
Parichehr  
Saranjampour\*  
Risa Sayre\*  
Woody Setzer  
Rusty Thomas  
John Wambaugh  
Antony Williams

### NRMRL

Yirui Liang\*  
Xiaoyu Liu

### NHEERL

Linda Adams  
Christopher  
Ecklund  
Marina Evans  
Mike Hughes  
Jane Ellen  
Simmons

### \*Trainees

### NERL

Craig Barber  
Namdi Brandon\*  
Peter Egeghy  
Hongtai Huang\*  
Brandall Ingle\*  
Kristin Isaacs  
Sarah Laughlin-  
Toth\*  
Seth Newton  
Katherine Phillips

Paul Price  
Jeanette Reyes\*  
Jon Sobus  
John Streicher\*  
Mark Strynar  
Mike Tornero-Velez  
Elin Ulrich  
Dan Vallero  
Barbara Wetmore

## Collaborators

### Arnot Research and Consulting

Jon Arnot

### Battelle Memorial Institute

Anne Louise Sumner

Anne Gregg

### Chemical Computing Group

Rocky Goldsmith

### National Institute for Environmental Health Sciences (NIEHS) National Toxicology Program

Mike Devito

Steve Ferguson

Nisha Sipes

### Netherlands Organisation for Applied Scientific Research (TNO)

Sieto Bosgra

### Research Triangle Institute

Timothy Fennell

### ScitoVation

Harvey Clewell

Chantel Nicolas

### Silent Spring Institute

Robin Dodson

### Southwest Research Institute

Alice Yau

Kristin Favela

### Summit Toxicology

Lesa Aylward

### Tox Strategies

Caroline Ring

### University of California, Davis

Deborah Bennett

### University of Michigan

Olivier Jolliet

### University of North Carolina, Chapel Hill

Alex Tropsha

University of Texas, Arlington

Hyeong-Moo Shin

### Lead CSS Matrix Interfaces:

John Kenneke (NERL)

John Cowden (NCCT)

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